



Dying of depression

HIS DEATH BROUGHT FORTH WHITE ribbons. White, not black, because that's the color of grief when young innocents depart this world. Last week this seemingly happy jokester, computer whiz, and talented high school sophomore took his own life. His death tore through the hearts of his fellow students, parents, and teachers at my daughter's close-knit school, all wondering what had spi-

raled out of control in his young mind and what might have been done to save him.

The same questions arose with the news of three recent student suicides at New York University. What despair would throw them to their violent deaths? The fact is that suicide is in all our neighborhoods, in all our schools, in many of our families, unpredictably taking some 30,000 people a year. That's similar to the number who die each year from breast or prostate cancer and twice the number from AIDS. But when it comes to those 4,000 to 5,000 suicides among the tender young—10 to 24 years old, the age of self-imagined immortality—we are looking at a disease that carries a special chill.

Teens look healthy, even adult, yet their minds are in tumult. We've long known that the human brain undergoes extensive shaping and pruning in the first few years of life. But recently we've discovered that another remodeling spurt occurs around puberty and extends into the 20s. For teens, the "gut response" part of the lower brain, the amygdala, rules. This tiny bundle of nerves mediates emotions like fear, anger, and anxiety. As teens mature, their frontal lobes, the domain of reason and judgment, increasingly rein in the amygdala, and the notorious emotional swings of teen life level out.

Just when amygdaloid behavior moves into the danger zone is not always clear. Be it nature or nurture, for some more sensitive souls, seemingly ordinary stresses of school or social life—academic disappointments, embarrassments, and romantic break-ups—can trigger crushing emotional pain and suicidal despondency. To be sure, teens suffer more than they let us know and

more than we tend to remember. Brain-imaging studies now tell us that emotional hurt stirs the brain at precisely the same sites that physical pain does. And the more intense the hurt, the more of a spike in neuronal activity. One can only imagine the agony of suicidal teens and young adults, wanting yet unable to reach out and desperate for relief.

Indeed, most of these young people are dying of a lethal form of despair. In both depression and suicide, levels of serotonin, the brain's mood hormone, are abnormally low. Modern antidepressants that boost it are credited with the small but real decline in overall suicides seen in the past few years. But just last week the Food and Drug Administration cautioned that some of these drugs when used in those under 18 might increase suicidal behavior. This again highlights how little we know about what's really going on in churning teenage minds. More important, it leaves us in a quandary, particularly for doctors treating the several million young people who survive suicide attempts each year.

Boys at risk. A universal and perplexing reality is suicide's maleness. Our boys kill themselves six times more often than do girls. In 2000, the United States had 4,294 recorded suicides among the 10-to-24-year age group; only 632 of them were girls. This despite the fact that females are diagnosed with depression more often and make many more suicide attempts. A closer look suggests that males often experience and express

their illness differently—more aggression, anger, irritability, and impulsiveness and less of the overt hopelessness, helplessness, and sadness common in suicidal females. Boys just don't use girls' vocabulary or body language when they're emotionally hurting.

Young suicide inspires no March of Dimes, Race for the Cure, or colored lapel ribbons. Let's face it, it's a disease that hits too raw a nerve. Yet this silent epidemic cries out for attention. We need better data on just what is and isn't normal in the background noise of teenage life and on how to get through the wall of prickly emotions with the right therapies. We must ask ourselves why emotional, social, and spiritual wholeness so often plays second fiddle to academic prowess. And we must focus on our sons, who bear the greatest brunt of this mortal disease. We will never catch our young before they fall unless every parent—indeed, every one of us—feels their pain. ●

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